

<b>Case Number:</b>	CM14-0071065		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male who sustained an injury on August 4, 2011. He is diagnosed with status post right shoulder arthroscopy with subacromial decompression and distal clavicle excision and biceps tenodesis with loose body removal, synovectomy, and labral debridement. He was seen for an evaluation on April 24, 2014. He reported that he was tolerating home physical therapy and home strengthening program. He still complained of some soreness around the incision points of the anterior shoulder. He had been taking Norco and using cold ice pack as needed for symptom relief. An examination revealed active range of motion from 0 to 170 degrees of the right arm. There was equal internal and external rotation of the right shoulder compared to the left. The Hawkin's and Neer's signs were mildly positive and supraspinatus strength was weaker on the right than the left side.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**6 Additional Sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines, Shoulder Page(s): 27.

**Decision rationale:** The request for additional six sessions of physical therapy is not considered medically necessary. From the medical records reviewed, it was determined that the injured worker completed 22 sessions of physical therapy and was recently certified for more 2 sessions. He had completed the number of sessions set forth by the California Medical Treatment Utilization Schedule, which is 24 visits; hence, the additional six sessions are not medically necessary.